

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <b>(FOR USE WITH FORM PTO-875)</b>							SERIAL NO. <div style="text-align: center; font-family: cursive;">09809454</div>	FILING DATE <div style="text-align: center; font-family: cursive;">03/15/01</div>					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
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44		/					94						
45		/					95						
46		/					96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5	↓	↓	↓	↓	↓	TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	41	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	46	↓	↓	↓	↓	↓	TOTAL CLAIMS	↓	↓	↓	↓	↓	↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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